

ADDENDUM ONE TO THE REQUEST FOR PROPOSALS:
AAA-SSP-1418
FOR THE PROVISION OF SUPPORTIVE SERVICES PROGRAM (SSP)
POSTED: NOVEMBER 7, 2013

This Addendum One to the Supportive Services Program (SSP) Request for Proposals (RFP), released by County of Los Angeles Community and Senior Services on October 18, 2013, amends the following sections as specified below:

1. RFP, Sub-paragraph 1.4.1, Minimum Mandatory Requirements, is hereby deleted and replaced as follows:
 - 1.4.1 Proposer must have a minimum of five (5) consecutive years of experience, within the last ten (10) years, providing SSP Services, or services that are equivalent or substantially similar to the Services in Appendix B (Statement of Work), in Los Angeles County to eligible Clients;
2. Exhibit S, Performance Requirements Summary (PRS) Chart to Appendix A, (Sample Contract) is hereby deleted and replaced, and attached hereto.
3. Appendix B Statement of Work to the RFP, and Exhibit A Statement of Work to Appendix A (Sample Contract), Evidence-Based Program language is hereby added to Section 4.0 Additional Requirements, as Sub-section 4.1 :

Administrative Community Living (ACL) established criteria for defining OAA evidence-based programs. Evidence-based programs are based on research and have proven outcomes demonstrated to improve the lives of elderly individuals promoting health, quality of life and the ability to live independently in their homes and communities. The ACL encourages the integration of evidence-based approaches into the Older Americans Act programs and services.

The U.S. Department of Health and Human Services (HHS) Administration on Aging for Los Angeles County AAA Contractors is required to demonstrate that direct services provided with OAA funding are effective. Direct Service Programs provided are required to develop outcome measures that prove effectiveness. Contractors must design outcomes that demonstrate effectiveness in each program based on outcome measures, research studies, and quantitative and qualitative data studies so that data can be evaluated and studied by a University to be considered an evidence-based program within the AAA.

4. Appendix B Statement of Work to the RFP, and Exhibit A Statement of Work to Appendix A (Sample Contract), Subsection 4.1 is deleted and replaced hereto as Sub-section 4.2.
5. Appendix B Statement of Work to the RFP, and Exhibit A Statement of Work to Appendix A (Sample Contract), Sub-section 4.1.1 is deleted and replaced hereto as Sub-section 4.2.1.
6. Appendix C to the RFP, Exhibit 3, Community and Senior Services (CSS) Los Angeles County Area Agency on Aging (AAA) Supportive Services Program (SSP) Proposed Program Services is hereby deleted and replaced as follows:

Appendix C to the RFP, Exhibit 3, Community and Senior Services (CSS) Los Angeles County Area Agency on Aging (AAA) Supportive Services Program (SSP) Proposed Program Services and Budget Instructions.

7. Appendix C to the RFP, Exhibit 3, **Part II Budget, PAGE 1 – Budget Summary:** Provide information for Program costs (i.e. expenditures for operating the Program) and funding for each Supervisorial District in which you intend to provide Services as follows: is hereby deleted.
8. Appendix C to the RFP, Exhibit 3, **Part II Budget, PAGE 1 – Budget Summary:** **2. Grant Costs:** In order to determine the Grant Costs the *Budget Summary* page you will need to add the totals under the applicable funding column from each detail/funding schedule (Personnel, Sub-contractors, Space, Equipment, Other Costs, and Indirect Costs) is hereby deleted.
9. Appendix C to the RFP, Exhibit 3, **Part II Budget, PAGE 1 – Budget Summary:** **3. Indirect Costs:** Please enter the total amount of Indirect Costs for the agency here. Proposers may only charge 8% of the total Grant Costs to the Program. Any costs above the 8% administrative cap may be used as an In-kind Match.

Indirect Costs are those costs that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. Examples of indirect costs include salaries, employee benefits, supplies, and costs related to general administration of Contractor's organization. Contractor has the option of negotiating an indirect cost rate or rates for use on all its federal programs. Contractor must submit a Cost Allocation Plan to the federal agency providing the majority of funds to Contractor's organization. If Contractor has a federally approved indirect cost rate, Contractor shall submit a copy of the approval letter to County upon request. (see Standard Terms and Conditions, Exhibit K – Contract Accounting, Administration and Reporting Requirements). All Indirect Costs must be detailed on the Cost Allocation Plan. For more information regarding the Cost Allocation Plan please refer to Exhibit A, Statement of Work, Sub-section 6.3) is hereby deleted and replaced as follows:

Exhibit 3, **Part II Budget, PAGE 1 – Budget Summary:** **1. Indirect Costs:** Proposers may only charge 8% of the total Grant Costs to the Program. Any costs above the 8% administrative cap may be used as an In-kind Match.

As referenced in Section 6.0 Fiscal, Sub-section 6.2.2 of Appendix B Statement of Work to the RFP, and Exhibit A Statement of Work to Appendix A (Sample Contract), Indirect Costs are those costs that have been incurred for common or joint purposes and cannot be readily identified with a particular final cost objective. Examples of Indirect Costs include, but are not limited to, salaries, employee benefits, supplies and other costs related to general administration of the organization and salaries and expenses of executive officers, personnel administration and accounting.

10. Appendix C to the RFP, Exhibit 4 (first page), and Exhibit 3 (corresponding pages), Universal Intake Form is hereby deleted and replaced with Exhibit 4, Universal Intake Form, attached hereto.

EXHIBIT S

PERFORMANCE REQUIREMENTS SUMMARY CHART

The Performance Requirements Summary (PRS) Chart is a listing of the minimum required services and performance that will be monitored during the Contract term. The PRS chart also lists examples of the types of documents that will be used during monitoring, as well as the standards of performance and the acceptable quality level of performance.

All listings of required services or standards used in this Performance Requirements Summary Chart are intended to be completely consistent with the terms and conditions of the Contract (Appendix A of the RFP) and the Statement of Work (Exhibit A to the Contract and Appendix B of the RFP) and are not meant in any case to create, extend, revise, or expand any obligation of the Contractor beyond that defined in the terms and conditions of this Contract and Statement of Work. In any case of apparent inconsistency between required services or Standards as stated in the terms and conditions of the Contract, the Statement of Work, and this Performance Requirements Summary (PRS) Chart, the terms and conditions of the Contract and the Statement of Work (SOW) will prevail.

Performance Outcomes	Standards	Acceptable Quality Level	Data Source	Remedies For Non-Compliance
Percentage of Supportive Services Program (SSP) registered Clients that exit the program because the Client no longer desires Services or Services are no longer needed.	95% of SSP Clients that exit the program because they no longer need or desire the Services.	100%	MIS reports	If Contractor performance does not meet the Acceptable Quality Level, the County will have the option to apply the following remedies: 1) Corrective Action Plan; 2) Suspension of Payment; 3) Suspension of Contract; 4) Reduce and reallocate funds; and 5) Termination of Contract.
Unduplicated Client count for registered SSP Services with all mandatory demographic fields showing a response other than missing or unknown in the MIS.	All mandatory fields completed in the MIS for all SSP registered Clients at the time of enrollment.	100%	MIS reports	
Percentage of planned SSP registered service units delivered.	95% of planned registered SSP Services are delivered during the reporting period.	100%	MIS reports	
YTD unduplicated SSP registered Clients that have ADL and IADL fields populated with responses other than missing or unknown.	95% of registered SSP Clients have ADL and IADL fields completed in the MIS. ADLs: eating, bathing, toileting, transferring, walking, and dressing. IADLs: meal preparation, shopping, medication management, using telephone, heavy housework, light housework, transportation.	100%	MIS reports	

Specific Tasks	Standards	Acceptable Quality Level	Data Source	Remedies for Non-Compliance
Intake and Assessments (Ref. SOW Sec. 3.2.1)	Intake using the Universal Intake Form (UIF) to determine eligibility and identify Services, and comprehensive Assessments on 100% of Clients that receive SSP registered Services to be completed within fourteen (14) days of initial contact.	100%	Client File & MIS reports	<p>If Contractor performance does not meet the Acceptable Quality Level, the County will have the option to apply the following remedies:</p> <ul style="list-style-type: none"> 1) Corrective Action Plan; 2) Suspension of Payment; 3) Suspension of Contract; 4) Reduce and reallocate funds; and 5) Termination of Contract.
Service Provision (Ref. SOW Sec. 3.2.1)	Ensure that SSP Clients begin receiving Services within 14 (fourteen) days of completing the Client intake process.	95%	Client File & MIS reports	
Reassessment (Ref. SOW Sec. 3.2.1)	Conduct a face-to-face Reassessment every 6 (six) months for 100% of Clients that receive ongoing SSP registered Services.	95%	Client File & MIS reports	

UNIVERSAL INTAKE FORM

Funding Identifier: Title III B ☐ **C1** ☐ **C2** ☐ **Title III D** ☐ **Title III E** ☐ **Linkages** ☐ (Optional)

1

Applicant Name (Last, First, Middle Initial)

Participant ID #

Home Address (Number/Street)

City

State

Zip Code

Birth Date

Rural Designation: ☐ Rural

Gender: ☐ Male ☐ Female

☐ Urban ☐ Declined to state

☐ Declined to state

Client Race:

☐ White ☐ American Indian or Alaska Native ☐ Chinese ☐ Japanese ☐ Filipino ☐ Korean ☐ Vietnamese

☐ Asian Indian ☐ Laotian ☐ Cambodian ☐ Other Asian ☐ Black or African American ☐ Guamanian

☐ Hawaiian ☐ Samoan ☐ Other Pacific Islander ☐ Other Race ☐ Multiple Race ☐ Declined to state

Client Ethnicity:

☐ Not Hispanic/Latino ☐ Hispanic/Latino ☐ Declined to state

Relationship Status: ☐ Single (Never Married) ☐ Married ☐ Domestic Partner ☐ Separated ☐ Divorced

☐ Widowed ☐ Declined to state

Type of Residence: ☐ House ☐ Apartment ☐ Hotel ☐ Mobile Home

☐ Nursing Home ☐ Residential Care Home ☐ Room and Board

☐ Homeless ☐ Other

Does the individual (Optional):

☐ Rent ☐ Own

☐ Other

Mailing Address (If different than home address)

City

State

Zip Code

Home Phone

Work and/or Cell Phone

Email Address:

Social Security # (Optional)

Age

Veteran or Spouse of Veteran:

Veteran #

☐ Yes ☐ No

Primary Language Spoken (Optional):

☐ American Sign Language ☐ Arabic ☐ Armenian ☐ Cambodian ☐ Cantonese ☐ Chinese ☐ English

☐ Farsi ☐ French ☐ Korean ☐ Laotian ☐ Mandarin ☐ Japanese ☐ Russian ☐ Spanish ☐ Tagalog ☐ Thai

☐ Vietnamese ☐ Other

Translation needed: ☐ Yes ☐ No

CLIENT DEMOGRAPHICS

EMERGENCY CONTACT	2	Contact Name: (Last, First, Middle Initial)			
	Address (Number/Street)		City	State	Zip Code
	Home Phone		Work and/or Cell Phone	Relationship	
	Contact Name: (Last, First, Middle Initial) – Optional				
	Address (Number/Street)		City	State	Zip Code
	Home Phone		Work and/or Cell Phone	Relationship	
	Physician's Name			Office Phone	
FINANCIAL/BENEFITS	3	Are you currently receiving Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No (Optional) What benefit(s) are you receiving? _____			
	Do you have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Health Insurer's Name:		Policy Number: (Optional)
	Do you receive Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Medi-Cal # (Optional) Issue date:		Is your personal income: <input type="checkbox"/> Yes (At or below Federal Poverty Level) <input type="checkbox"/> No (Above Federal Poverty Level) <input type="checkbox"/> Declined to state
	Do you receive In-Home Supportive Services (IHSS)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Living Arrangement? <input type="checkbox"/> Alone <input type="checkbox"/> Not Alone <input type="checkbox"/> Declined to state		
	Employment Status (Check One) <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Declined to state				
REFERRAL INFORMATION	4	Referral Source Name:			Referral Source relationship to client:
	Referrer's name:			Phone number:	
	Referrer's address:			State	Zip Code
	Interview mode: <input type="checkbox"/> Face-to-Face (Appointment) <input type="checkbox"/> Telephone <input type="checkbox"/> Drop-In <input type="checkbox"/> In-Home				
	Presenting problems/Services requested/Comments/Follow-up:				

NUTRITIONAL RISK FACTORS	5	NUTRITIONAL RISK <i>(Add the numbers from each checked box to determine Nutrition Risk Score)</i>																																																																																																																				
	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> 2 - Has an illness or condition that has changed the kind and/or amount of food eaten;</div> <div><input type="checkbox"/> 3 - Eats fewer than 2 meals per day;</div> <div><input type="checkbox"/> 1 - Eats few fruits, vegetables;</div> <div><input type="checkbox"/> 1 - Eats or drinks very few milk products;</div> <div><input type="checkbox"/> 1 - Drinks less than 5 cups (8 oz. per cup) of fluids a day;</div> <div><input type="checkbox"/> 1 - Has 3 or more alcoholic beverages per every day;</div> <div><input type="checkbox"/> 2 - Has tooth or mouth problems that make it hard to eat;</div> <div><input type="checkbox"/> 4 - Doesn't always have enough money to buy needed food;</div> <div><input type="checkbox"/> 1 - Eats alone most of the time;</div> <div><input type="checkbox"/> 1 - Takes 3 or more prescribed or over-the-counter medications a day;</div> <div><input type="checkbox"/> 2 - Has involuntarily lost or gained 10 pounds in the last 6 months;</div> <div><input type="checkbox"/> 2 - Is not always physically able to shop, cook and/or eat.</div> </div> <p>Total Nutritional Risk Score: _____ (If total is 6 or more, participant is at Nutritional Risk)</p> <p><input type="checkbox"/> Declined to state</p>																																																																																																																					
ADL / IADL RISK FACTORS	6	ACTIVITIES OF DAILY LIVING (ADL) / INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) <i>Includes Title III-E Care Receiver (Grandchildren exempt)</i>																																																																																																																				
	<p>Activities of Daily Living (ADL)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Independent</th> <th>Verbal Assistance</th> <th>Some Human Help</th> <th>Lots of Human Help</th> <th>Dependent</th> <th>Declined to state</th> </tr> </thead> <tbody> <tr><td>Eating</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Bathing</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Toileting</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Transferring</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Walking</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Dressing</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> <p>Instrumental Activities of Daily Living (IADL)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Independent</th> <th>Verbal Assistance</th> <th>Some Human Help</th> <th>Lots of Human Help</th> <th>Dependent</th> <th>Declined to state</th> </tr> </thead> <tbody> <tr><td>Meal preparation</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Shopping</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Med. 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	Are you diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been diagnosed with Alzheimer's or a related neurological disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																			

TITLE III E CARE RECEIVER DEMOGRAPHICS	7		TITLE III E CARE RECEIVER DEMOGRAPHICS			
	Care Receiver 1		Caregiver Relationship: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Son/Son-in-Law <input type="checkbox"/> Daughter/Daughter-in-Law <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Non-Relative <input type="checkbox"/> Declined to state			
	Name: (Last, First, Middle)		Care Receiver Participant I.D #:			
	Address (Number & Street)		City:	State:	Zip Code	
	Birth Date	Rural Designation: <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Declined to state	Care Receiver's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to state			
	Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race <input type="checkbox"/> Declined to state					
	Ethnicity: <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to state					
	Is your personal income: <input type="checkbox"/> Yes (At or below Federal Poverty Level) <input type="checkbox"/> No (Above Federal Poverty Level) <input type="checkbox"/> Declined to state			Living Arrangement: <input type="checkbox"/> Alone <input type="checkbox"/> Not Alone <input type="checkbox"/> Declined to state		
	Relationship Status: <input type="checkbox"/> Single (<i>Never Married</i>) <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to state					
	Receive Medi-Cal (<i>Optional</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Receive Social Security (<i>Optional</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security # (<i>Optional</i>)	
	Care Receiver 2		Caregiver Relationship: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Son/Son-in-Law <input type="checkbox"/> Daughter/Daughter-in-Law <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Non-Relative <input type="checkbox"/> Declined to state			
	Name: (Last, First, Middle)		Care Receiver Participant I.D #:			
	Address (Number & Street)		City:	State:	Zip Code	
	Birth Date	Rural Designation: <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Declined to state	Care Receiver's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to state			
	Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race <input type="checkbox"/> Declined to state					
	Ethnicity: <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to state					
	Is your personal income: <input type="checkbox"/> Yes (At or below Federal Poverty Level) <input type="checkbox"/> No (Above Federal Poverty Level) <input type="checkbox"/> Declined to state			Living Arrangement: <input type="checkbox"/> Alone <input type="checkbox"/> Not Alone <input type="checkbox"/> Declined to state		
	Relationship Status: <input type="checkbox"/> Single (<i>Never Married</i>) <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to state					
	Receive Medi-Cal (<i>Optional</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Receive Social Security (<i>Optional</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security # (<i>Optional</i>)	

* If more than two Care Receivers, please make additional copies of Section 7.

[illegible]

ADDENDUM ONE TO THE REQUEST FOR PROPOSALS:
AAA-SSP-1418
FOR THE PROVISION OF SUPPORTIVE SERVICES PROGRAM (SSP)
POSTED: NOVEMBER 7, 2013

The purpose of this Addendum is to address questions and answers provided in response to RFP no. AAA-SSP-1418 and the Supportive Services Program Proposer's Conference on November 1, 2013:

Question #1:

Appendix D (Required Forms) is not formatted where we can type on the forms. Is it necessary to write on the forms, or is there a way we can type on them?

Answer #1:

Appendix D (Required Forms) is only available in PDF format. As a result, it will be necessary to type information on the forms.

Question #2:

In Appendix B Statement of Work to the RFP, and Exhibit A, Statement of Work to Appendix A (Sample Contract), Section 5.4 Case Manager, it states that Contractor staff must include a Case Manager. Is the Case Manager position required for a service such as Registry?

Answer #2:

Yes, in accordance with Section 5.4 of Appendix B Statement of Work to the RFP, and Exhibit A Statement of Work to Appendix A (Sample Contract), the Supportive Services Program contractor staff must include a Case Manager, regardless of what Services are provided.

Question #3:

In sub-section 2.8.1 Proposer's Organization Questionnaire/Affidavit and Required Support Documentation, the Request for Proposals requires Proposer's Organization Affidavit and Required Support Documents for Corporations. One of the Support documents is a copy of a "Certificate of Good Standing" with the state of incorporation. Our "Certificate of Good Standing" status with the Secretary of State for California is from 2009. Do we need to update it, or is it good enough to add into the RFP?

Answer #3:

Yes, the support document titled, "Certificate of Good Standing" as stated in sub-section 2.8.1 Proposer's Organization Questionnaire/Affidavit and Required Support Documentation in the RFP should be updated to reflect your agency's current status.

Question #4:

Section 1.4 Minimum Mandatory Requirements, sub-section 1.4.1 of the RFP states that Proposer must have a minimum five (5) consecutive years of experience. Does the Proposer have to have a minimum of five (5) years of consecutive experience providing **ALL** Supportive Services Program (SSP) Services, or would the organization be eligible if it provides some of the SSP Services for five (5) consecutive years, but will provide all Services by the time the contract is awarded?

Answer #4:

It is not necessary for a proposer to have a minimum of five (5) years of consecutive experience in **ALL** SSP Services within the last ten (10) years. The proposer must, however, have five (5) years consecutive

experience in the last ten (10) years in the SSP Services it is proposing to provide for the four (4) year contract term beginning July 1, 2014.

Question #5:

How many SSP contracts will be awarded?

Answer #5:

The number of SSP contracts awarded will be based on the number of successful proposals received, and the areas and services that are proposed to be served in order to meet the needs of the County. There are currently 24 SSP Contractors.

Question #6:

What is the average amount of annual reimbursement for the services?

Answer #6:

The annual reimbursement for services will depend on the area(s) and service(s) a successful Proposer proposes to serve, along with the proposed unit rates, and availability of federal, state, and local funds.

Question #7:

Please note that the following cells are locked on Appendix C, Exhibit 1 to the RFP, Proposed Program Services, page 1, cover sheet: Column C Match (Cash and In-Kind), Column D Non-Match (Cash and In-Kind), and Column E Grant Related Income. Cells are also locked on Appendix C, Exhibit 2 to the RFP, Budget, page 2, Match by Service, page 3, Personnel, page 4, Volunteers/Subcontractors, page 5, Space/Equipment, and page 6, Other Cost Detail/Indirect Costs so that we are unable to enter the Legal Name of the Agency.

Answer #7:

The locked cells on Appendix C, Exhibit 1, and Appendix C, Exhibit 2 will be unlocked.

Question #8:

Is attending the SSP Proposer's Conference mandatory?

Answer #8:

No, attending the SSP Proposer's Conference is not mandatory.

Question #9:

Is the Registry Service required to be provided under the Supportive Services Program (SSP) during Fiscal Year (FY) 2014-18?

Answer #9:

No, it is not.

Question #10:

Is it correct that the Registry Service outlined in Section 3.0 Specific Tasks, Sub-section 3.2.6 of the Statement of Work (Appendix B of the RFP and Exhibit A of Appendix A, Sample Contract) may be provided as a non-registered service under a consumer group to people who are not receiving Case Management? These are people who do not need the case management component. They are only requesting to receive a list of people on our registry.

Answer #10:

The Registry service must be tied to a specific SSP Client as stated in Section 3.0 Specific Tasks, Sub-section 3.2.6 Registry, Sub-section 3.2.6.2 which states, "Registry maintenance time shall be billed regardless of the outcome (e.g. whether the match is successful or not) as long as it is tied to a specific Client."

Question #11:

The RFP states that agencies may use volunteer time for up to 50% of the required match, and it encourages us to recruit and train volunteers so that we may expand services. Can we bill for volunteer time if the volunteers are providing Homemaker Services or Personal Care Services?

Answer #11:

Volunteer time is to be reflected on the budget as an in-kind match. However, reimbursement based on the approved unit rate(s) will be provided to an agency for Homemaker and/or Personal Care Services provided by qualified volunteers.

Question #12:

Regarding the Evidence-Based Program, will the County provide a standardized form as part of the care plan, or will the agency determine how it will meet the evidence-based requirement?

Answer #12:

The agency will be required to design outcomes that demonstrate effectiveness for the program based on outcome measures, research study, and quantitative and qualitative data studies so that data can be evaluated and studied by universities to be considered an evidence-based program in order to meet the evidence-based requirement. The contractor will design the care plan to meet the goals established.

Question #13:

As I understand the term evidence-based, it usually refers to a standard and/or measure that has undergone prior extensive and thorough testing, and as a result, shows itself accurate. Are you stating that the care plan we propose to use for SSP Clients must have already undergone this testing in order to be evidence-based? If yes, do you have a list of approved evidence-based measures we can use?

Answer #13:

Because your agency will be developing outcomes, they will not yet have been tested. The Effective Nutritional Health Assessment and Networks of Care for the Elderly (ENHANCE) "Be Well" Program is an Evidence-Based Program and may serve as a good model for an agency to review.

Question #14:

So, as an example, the Contractor will design the care plan to say that the Client will be able to sustain himself after three (3) months of service, and at the end of the three (3) month timeframe, the progress of the Client would be documented in the case file.

Answer #14:

Yes, that is correct.

Question #15:

Please clarify the Respite Service outlined in Section 3.0 Specific Tasks, Sub-section 3.2.4 Respite Care of the Statement of Work in Appendix B of the RFP, and Exhibit A of Appendix A, Sample Contract. Is this in-home Respite?

Answer #15:

Yes, it is in-home Respite to include relief assistance Services to relatives or other caregivers of a frail elderly Client living at home by the coordination or direct provision of Supportive Services to a Client while the primary caregiver is temporarily absent per Appendix B Statement of Work to the RFP and Exhibit A of Appendix A, Sample Contract, Section 3.0 Specific Tasks, Sub-section 3.2.4 Respite Care. Adult Day Care is also included as a respite service as stated in Section 3.0 Specific Tasks, Sub-section 3.2.4, Sub-section 3.2.4.1 of Appendix B Statement of Work to the RFP, and Exhibit A of Appendix A, Sample Contract.

Question #16:

For the Respite Care Service shown in Section 3.0 Specific Tasks, Sub-section 3.2.6 of Statement of Work (Appendix B of the RFP, and Exhibit A of Appendix A, Sample Contract), will the FY 2014-18 SSP contract require contractors to solely use qualified self-employed homemakers or Registry workers from the Registry list, and not outside sub-contractors which we have used and been reimbursed for in the past?

Answer #16:

Each contractor will have the option of using the Registry list, or using outside sub-contractors to provide Respite Care Services.

Question #17:

Section 2.8 Business Proposal Format, Sub-section 2.8.4.A.3 of the RFP states, "Proposer must provide a minimum of five (5) references within the last five (5) years of expired or terminated contracts." This is confusing. Please confirm whether we are required to provide at least five (5) expired or terminated contracts. If we are required to do so, advise what to include if we do not have five (5) to report.

Answer #17:

Yes, according to Sub-section 2.8.4.A.3 of the RFP, "Proposer must provide a minimum of five (5) references of expired or terminated contracts. In the event of termination, Proposer shall identify the reason for termination which may include, but is not limited to: non-compliance, loss of funding, failure to complete a contract, etc. This list shall include any expired or terminated contracts with Los Angeles County."

If your agency does not have five (5) references to list, please list as many as you have.

Question #18:

Is the cost of a background check for the Registry Service reimbursable?

Answer #18:

The background check will be provided at the contractor's expense, and is not reimbursable by the County.

Question #19:

Under the Homemaker Service reflected in 3.0 Specific Tasks, Sub-section 3.2.2 of the Statement of Work (Appendix B of the RFP, and Exhibit A of Appendix A, Sample Contract), “managing money” is an example of what may be provided to the Client. What does this entail?

Answer #19:

“Managing money”, as stated in Appendix B Statement of Work to the RFP, and Exhibit A to Appendix A Sample Contract, Section 3.0 Specific Tasks, Sub-section 3.2.2 may include, but is not necessarily limited to, assistance with a Client’s budget to ensure that the Client has sufficient food, medication, and other necessities on an ongoing basis.

Question #20

The County will be awarding contracts based on the number of successful proposals received, and the needs of the County. Are Proposers required to propose to provide Services for an entire Supervisorial District, or may a Proposer propose to serve a partial district?

Answer #20

The County is not requiring Proposers to propose to provide Services for an entire Supervisorial District. A Proposer may propose to serve a partial district.

Question #21

My agency does not currently provide Alzheimer’s Day Care Services or Registry Services. If we were to propose to serve an entire Supervisorial District, would be required to provide all of the six (6) Services?

Answer #21

No.

Question #22

There’s a page limit of 20 pages for the business proposal in accordance with Section 2.7, Sub-section 2.7.4 of the RFP for the business proposal. If my agency proposes to provide three (3) different Services, do we still have to stay within the 20 page limit?

Answer #22

Yes.